



Please type a plus sign (+) inside this box ->

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number DECLARATION FOR UTILITY OR First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION **Application Number** (37 CFR 1.63) Filing Date □ Declaration Declaration Submitted after Initial Group Art Unit OR Submitted Filing (surcharge (37 CFR 1.16 (e)) with Initial **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:						
My residence, mailing address, and	d citizenship are as stat	ed below next to my nam	ie.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
Posture an	d Bady 1	Measure	19 5	ystem		
		itle of the Invention)				
the specification of which	,	,				
is attached hereto OR		as United St	ates Application I	Number or PCT International		
□ was filed on (MM/DD/YYYY)				(if applicable).		
Application Number	and was a	mended on (MM/DD/YYY	M			
I hereby state that I have reviewed amended by any amendment spe	and understand the co	ontents of the above iden		n, including the claims, as		
	totatian voltish is m	storial to notantability as	defined in 37 CF	R 1.56, including for continuation-		
in-part applications, material informational filing date of the	nation which became a continuation-in-part ap	plication.	g date of the pho	ф		
certificate, or 365(a) of any PC1	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
:						
			to chect PTO/SB	MOSB attached bereto:		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
	35 U.S.C. 119(e) of ar	United States provision	iai application(s)	iisted below.		
Application Number(s)		e (MM/DD/YYY)	Addition	al provisional application		
60/271,090	2/2:	3/01	supplem	s are listed on a ental priority data sheet		
,			PTO/SB	/02B attached hereto.		
		[Page 1 of 2]				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.







PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label		1-2	OR Co	rrespondence address below
Name James M. 1	Leas	<u> </u>		
Address 37 Butles	- Dri	ve	s 	
city S. Burlington	₹	State	VT	zip 05403
Country USA Tele	802 <i>86</i>	4-	1575	8028649319 Fax
I hereby declare that all statements made herein of my or are believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, un validity of the application or any patent issued thereon.	s were made wit	h the kn	owledge that willful f	alse statements and the like so
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as bee	n filed for this un	signed inventor
Given Name (first and middle [if any])	HER P.	Family or Sur	Name OC	2013 2010
Inventor's Signature	Z			Date 2/23/02
SHELBURN & Residence: City	State V T		US/A-	Citizenship USA
Mailing Address	P.O. 13	×ο×	86	
City BURLINGTON	State VT		05401-	country USA
NAME OF SECOND INVENTOR:	A petition ha	s been	filed for this unsig	gned inventor
Given Name STEVEN U	٥.	Family or Surr	Name A R	.m.S
Inventor's Signature Steven V. C	2	~		Date 2/23/02
Willistan	State VT	Co	USA untry	US A Citizenship
Mailing Address RO Box 8	36			
city BURLINGTON	State VT	O ZIF	5402-	Country USA
	plemental Addition	nal Inve	ntor(s) sheet(s) PTO/	SB/02A attached hereto.
		_		



Please type a plus sign (+) inside this box+ +

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING **APPLICATION**

			24 26 W
Under the Paperwork Reduction Act of 1995, no p	Approve Patent and Trademark C ersons are required to respond to	PTO/SB/81 (11-9) and for use through 6/30/99. OMB 0651-00 biffice: U.S. DEPARTMENT OF COMMERG to a collection of information unless it display	35
a valid OMB control number.	Application Number		
ER OF ATTORNEY OR	Filing Date		
DRIZATION OF AGENT,	First Named Inventor	TOWNSERG	
T ACCOMPANYING	Group Art Unit		
APPLICATION	Examiner Name		
AFFLICATION	Attorney Docket Number		

I hereby appoint:				ace Customer
Practitioners at 0	Customer Number 26542		No	umber Bar Code
OR	A.L. America			
Practitioner(s) r			Registration I	Number
	Name	3437		
James M.	Leas	1337	<u> </u>	
		-		
as my/our attorney business in the Pa	(s) or agent(s) to prosecute the applicate the applicate that and Trademark Office connected	ation ide therewi	entified above, th.	and to transact all
Please change the The above-me OR Firm or	correspondence address for the above ntioned Customer Number. James Marc Leas	/e-ident	пес аррисано	
Individual Name				
Address	37 Butler Drive			
Address		01-4-	VT	ZIP 05403
City	S. Burlington	State	<u> </u>	
Country	USA	Fax	Fax 802 864-9319	
Telephone	802 864-1575			
I am the: Applicant Assignee Certificat	of record of the entire interest e under 37 CFR 3.73(b) is enclosed			
	SIGNATURE of Applicant or Assi		Record	
	~ · · · · · · · · · · · · · · · · · · ·	1S		
Name 2	Steven W. trn			
Name Signature	Heren W. Trin			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box> +

PTO/SB/81 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING **APPLICATION**

Application Number		
Filing Date		
First Named Inventor	TOWNSERG	
Group Art Unit		
Examiner Name		
Attorney Docket Number	115-002	

I hereby appoint:			Place Cus	tomer
Practitioners at Customer Nu OR			Number Bo	ar Code
Practitioner(s) named below	/:		Registration Number	
Name				
James M. Leas		3437	2	
as my/our attorney(s) or agent(business in the Patent and Tra	s) to prosecute the demark Office conr	application idenected therewi	entified above, and to h.	transact all
Please change the correspond The above-mentioned Cust OR	ence address for th omer Number.	ne above-ident	fied application to:	
Firm or James M	arc Leas			
Address 37 Butl	er Drive			
Address				05403
City S. Burl	ington	State	VT ZIP	03403
Country USA			25.054.0210	
Telephone 802 864	-1575	Fax	802 864-9319	
I am the: Applicant. Assignee of record of Certificate under 37 C	the entire interest CFR 3.73(b) is encl	osed	Page of d	
SIGNA	TURE of Applicant		Record	
Name CHRISTORYER	P. Towns	ervo		
Signature CR				
Date 2/23/62			depending upon the needs of	the individual case.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.